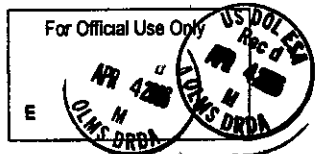


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 10554	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name Tamar Schnepp P O Box Bldg Room No if any Street 318 45th Street City Oakland State California ZIP Code + 4 94609-2226	4 Name file number and address of labor organization Name California State Council of SBIU Labor Organization File Number 016-658 P O Box Building and Room Number if any 4th Floor Street 1007 7th Street City Sacramento State California ZIP Code + 4 95814-3407
5 Position in labor organization Political Field Coordinator	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any)

Name
Trade Name if any
P O Box Bldg Room No if any
Street
City
State ZIP Code + 4

7 a Nature of Interest, Transaction or Income

7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed

On

3/28/2006

Date

510-568-2500 ext 118

Telephone Number

Name of Person Filing Tamar Schnepf

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name New Union Work Systems

Trade Name if any

P O Box Bldg Room No if any

Street 848 Madison Street

City Albany

State California ZIP Code + 4 94706

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

New Union Work Systems is a company that provides some consulting services providing data base support and the like to the CA State Council of SEIU The total amount billed for 2005 is disclosed below

11 b Approximate dollar value of such dealing

\$2 660

12 a Nature of interest held or income received

My husband Matthew Burry is a joint partner in New Union Work Systems To the degree that these dealings were profitable some portion became part of my husbands salary and distribution and therefore his contribution to our household

12 b Amount

\$800

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10692</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>
3 Name and address of person filing Name <u>ROSHAN</u> <u>M</u> <u>WHITE</u> P O Box Bldg Room No if any _____ Street <u>441 MYRTLE AVE</u> City <u>SCOTCH PLAINS</u> State <u>NEW JERSEY</u> ZIP Code + 4 <u>07076</u>	4 Name file number and address of labor organization Name <u>PLUMBERS LOCAL UNION #24</u> Labor Organization File Number <u>010063</u> P O Box Building and Room Number if any _____ Street <u>986 So. SPRINGFIELD AVE.</u> City <u>SPRINGFIELD</u> State <u>NEW JERSEY</u> ZIP Code + 4 <u>07081</u>
5 Position in labor organization <u>FINANCE COMMITTEE</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Roshan M White

On

3/27/06

Date

908 285-4581

Telephone Number

Name of Person Filing	ROSHAN M WHITE	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	11 a Nature of such dealing <input type="text"/> 11 b Approximate dollar value of such dealing <input type="text"/> 12 a Nature of interest held or income received <input type="text"/> 12 b Amount <input type="text"/>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name <input type="text"/> PLUMBERS LOCAL #24 EDUCATION FUND Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 986 S. SPRINGFIELD AVE City <input type="text"/> SPRINGFIELD State <input type="text"/> NEW JERSEY ZIP Code + 4 <input type="text"/> 07081	14 a Nature of payment <input type="text"/> W-2 SALARY AND EXPENSES FOR CONTINUING EDUCATION AT UNITED ASSOCIATION INSTRUCTOR TRAINING CLASSES + CPWR HAZWOPER TRAINER COURSE 14 b Amount of payment <input type="text"/> \$5,248.64
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	